OPHTHALMOLOGY.

60. *Neurosis of the Optic Nerve and Retina.*—Dr. Herman Pagenstecher narrates the case of a girl twelve years of age, who was brought to him for advice on account of rapid diminution of vision of four weeks' standing. For a year previously she had suffered from nervous symptoms—attacks of lameness, first of one leg, then the other, headaches, vomiting, etc., which always yielded to strychnia. On examination, vision was found very defective in both eyes: they were sensitive to bright light, and moderate darkening of the room improved the vision slightly; but the application of either a red or blue glass at once brought the vision almost to a normal standard. There was hyperæsthesia of the whole of the left side of the body, and pinching or striking any part of the left side induced reflex movements and appearance of bright spectra before the left eye. Blue-coloured glasses were ordered. Three days later the acuity of vision was found to be normal with blue glasses. The hyperæsthesia existed as before. The coloured spectra that appeared before the eye on pinching the left side of the head, were described by the patient as consisting of concentric rings—the outermost red, the innermost yellow, the intermediate black. Pressure over the back of the head and first three cervical vertebræ induced severe pain, and produced the brightest-coloured spectra. Pressure below the ninth dorsal vertebra on the left side produced merely the appearance of a red disk before the eye. During the next ten days the hyperæsthesia gradually diminished in degree, but was still markedly present at the end of that time. Dr. W. Müller saw the case, and applied the constant galvanic current, with the following effect: On applying the copper pole to the back of the head and the spinous processes of the upper cervical vertebræ, while the zinc pole was held in her hand, the weakest current produced the coloured rings above described during the whole period of the passage of the current. Applied below the seventh cervical vertebra, only the red colour was produced; below the third dorsal vertebra, no spectrum was produced. On direct stimulation of the right optic nerve by applying either the copper or zinc pole to the immediate neighbourhood of the eye, a yellow glimmer appeared on opening and closing the current, which, however, was persistent when the current was applied to the left optic nerve; the same occurred on passing the current through the head. Irritation of the sympathetic by applying one pole to the angle of the jaw, the other over the first cervical vertebra, induced a yellow colour. After stimulating the medulla for half a minute, all appearance of coloured spectra vanished, and they could not be reproduced by passing the current in any direction. During the course of the examination, the patient stated that the colours became less and less distinct, till yellow took the place of the other colours, and eventually it disappeared. The following day, pressure over the back of the head reproduced the colours as before. The constant stream, with the application of the copper pole over the medulla, was daily employed, and in the course of a few days the affection entirely disappeared.—*Edin. Med. Journ.*, Nov. 1871, from *Zehender's Monatsblätt für Augenheilkunde*, Jan. 1871.

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61. *Syphilitic Amblyopia and Amaurosis.*—M. Galezowski has published in the *Archives Gén. de Médecine* (first three months of 1871) an essay on this subject, the deductions of which are as follows: 1. Syphilitic retinitis and neuritis may exist without any alteration of the choroid, and are mostly constituted by an apoplectic retinitis with exudation. 2. Syphilitic retinitis presents no pathognomonic symptoms by which it may be distinguished from other kinds of retinitis. 3. But when retinitis or optic neuritis is accompanied by iritis or choroiditis, with or without flakes in the vitreous, the affection is, without doubt, syphilitic. He has always found that no other affection, save glaucoma, can give rise simultaneously to apoplexy of the retina and to iritis or choroiditis. 4. The derangement of the chromatic faculty is ever present in these two forms of ocular alterations, and especially in optic neuritis. 5. These complaints are best treated by large doses of iodide of potassium and corrosive

sublimate (one drachm and a half of iodide of potassium, and from three-quarters of a grain to one grain of the sublimate per diem). 6. Syphilitic choroiditis is the most frequent form of syphilitic amblyopia and amaurosis. The signs of this choroiditis are very characteristic, and, as it were, pathognomonic of syphilis. They are as follows: *a*. Disturbance or loss of vision, occurring in fits, often at long intervals; *b*, a cloud in the shape of a cobweb constantly floating before the eyes; *c*, very frequent photoptics; *d*, photophobia; *e*, hemeralopia at an advanced stage of the complaint; *f*, preservation for a long time of central vision, with diminution of peripheric field; *g*, cloudy papilla; *h*, pigmentary retinitis at a more advanced period of the complaint; *i*, atrophy of the central vessels of the papilla with preservation of the rosy tint depending on the trophic or cerebral vessels of the optic nerve. 7. Pigmentary retinitis occurs very often as a sequel to syphilitic choroiditis. 8. The syphilitic pigmentary stains occur along the vessels of the retina, but they form, besides, circular masses in the shape of herpes circinatus. 9. Pigmentary syphilitic retinitis, the result of contamination, differs from congenital pigmentary retinitis (especially that form hitherto attributed to the consanguinity of the parents) only by the circular form of the pigmentary stains. 10. Congenital pigmentary retinitis is a hereditary syphilitic affection. 11. The latter complaint should, at a tender age, be treated by mercury or iodine. After a certain age the progress of the complaint cannot be stopped; it goes on increasing, and is followed at a more or less advanced period by loss of vision. 12. Children born of syphilitic parents should, at birth, be examined with the ophthalmoscope. If retinitis be found, the means just mentioned should be used.—*The Lancet*, Dec. 9, 1871.

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62. *Amblyopia from White Atrophy of Optic Nerve greatly benefited by the Continuous Galvanic Current.*—An extremely interesting case of this is recorded by Dr. DONALD FRASER, of Paisley, in the *Glasgow Medical Journal* for February last. The subject of it was a weaver, æt. 59; had always been a healthy man, and temperate; for the last ten years has smoked two and a half ounces of tobacco per week. At the age of 44 he began to use spectacles for presbyopia. For the last nine years of his work as a weaver, he taxed his eyes severely at pattern weaving, working most of the day, during the greater part of the year, in gaslight. For the last five years his sight had been gradually failing. It was not, however, until the beginning of last year that he began to be alarmed at the rapid increase of this failure. He now became dyspeptic, low spirited, and weak; all this due, he considered, to the depressing effects of some family troubles. At this time, during the day, a mist came before his eyes, which passed away at twilight, so that by gaslight he could read, for a few minutes at a time, the largest type of the newspapers with No. 6 convex glasses. About nine months ago even this became impossible. When he consulted Dr. F., September 8, 1871, "he complained of a mist being constantly before his eyes, so that he was unable to recognize his most intimate friends above a yard off. I found that he could read slowly, and with effort, No. 20 of Snellen's test types at four inches from his eyes with the right eye, at eight inches with the left, and at six inches with both. On examination with the ophthalmoscope, the outer two-thirds of the optic disk in both eyes was found to be pearly white in tint and glistening, and the inner third hyperæmic, the retinal veins were enlarged and tortuous, and the arteries diminished in number and calibre. Alongside some of the vessels were to be seen the white lines said to be characteristic of *neuritis descendens*. There was here then a markedly atrophic condition of the optic nerve, most probably primary; there being no certain evidence either by the ophthalmoscope, or otherwise, of intra-ocular causes sufficient to produce such atrophy. I dismissed the idea of the disease being due to tobacco poisoning, although, in some respects the condition of the disk seemed closely allied to what is usually described as due to excess in smoking. At the same time there was not, and never had been, any symptom of cerebral affection. Still I have been strongly impressed with the idea that this was a case of primary degeneration of the optic nerve, a degeneration which may find illustration in cases of so-called tobacco amaurosis. Dr. F. advised